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Report of the Special Rapporteur on the rights of persons with disabilities

Note by the Secretary-General

The Secretary-General has the honour to transmit to the General Assembly the report of the Special Rapporteur on the rights of persons with disabilities, Catalina Devandas-Aguilar, in accordance with Human Rights Council resolution 26/20.

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Summary

The newly appointed Special Rapporteur submits the present report to the General Assembly in accordance with Human Rights Council resolution 26/20. The report focuses on the right of persons with disabilities to social protection.

The Special Rapporteur seeks to provide guidance to States and other actors on the requirements to establish disability-inclusive social protection systems that promote active citizenship, social inclusion and community participation of persons with disabilities, in conformity with the Convention on the Rights of Persons with Disabilities, while acknowledging the existing difficulties in implementation.

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I. Introduction

1. In its resolution 26/20, the Human Rights Council requested the Special Rapporteur on the rights of persons with disabilities to report annually to the General Assembly.

2. In the present report, the Special Rapporteur, Catalina Devandas-Aguilar, provides a study focusing on disability-inclusive social protection as a prerequisite for the universalization of social protection. She stresses that social protection is fundamental for achieving the social inclusion and active participation of persons with disabilities, and promoting their active citizenship. She also argues that to achieve disability-inclusive social protection, States must move away from traditional disability-welfare approaches towards embracing the innovative rights-based model put forward by the Convention on the Rights of Persons with Disabilities.

3. In preparing the report, the Special Rapporteur has reviewed relevant literature and jurisprudence on the topic, held consultations with organizations of persons with disabilities, academia, government officials, civil society and United Nations entities, and analysed the responses to a questionnaire sent to Member States, national human rights institutions and civil society organizations. As of 22 July 2015, she has received 123 responses.[1] Given the limited availability of data and research on the right of persons with disabilities to social protection, these responses provide a valuable overview of social protection initiatives and challenges worldwide, whose main trends are reflected in the present report.

II. Social protection and persons with disabilities

A. Importance of social protection

4. Social protection constitutes an essential condition for social and economic development for all. In fact, effective national social protection systems can contribute to building inclusive societies and social cohesion by protecting individuals from social risk and deprivation. They are not only a powerful instrument for providing income security and reducing poverty and inequality, but play an important role in enhancing human potential, enabling individuals to access food, health care, education, employment and financial means.

5. While there is no internationally agreed definition of social protection, the term is most commonly used to refer to a variety of public and private interventions aimed at securing the well-being of a person in the event of social risk and need, such as (a) lack of work-related income, (b) unaffordable access to health care and (c) insufficient family and child support.[2] In the present report, social protection is understood broadly to cover a variety of interventions designed to guarantee basic income security and access to essential social services, with the ultimate goal of achieving social inclusion and social citizenship.[3]

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[1] See www.ohchr.org/EN/Issues/Disability/SRDisabilities/Pages/SocialProtection.aspx.

[2] See Committee on Economic, Social and Cultural Rights, general comment No. 19 (2008), para. 2.

[3] See report of the Special Rapporteur on extreme poverty and human rights (A/69/297), para. 21.

6. Most social protection systems comprise contributory and non-contributory programmes, which can include universal benefit schemes, social insurance, social assistance and public employment programmes. Benefits can include child and family benefits, sickness and health-care benefits, disability benefits, old age and survivor benefits, employment injury benefits, unemployment benefits and employment guarantees, maternity benefits, income support and other benefits in cash and in kind. Social protection can be provided in many ways, with States establishing programmes according to their particular context and historical background.

7. Social protection programmes have the potential to directly affect the lives of persons with disabilities. Indeed, they can play a crucial role in reducing the consequences of sudden life-changing experiences (e.g., the loss of employment or a change in the family structure) and in crisis response, by contributing to alleviate the economic and social effects of economic downturns.[4] They can also play a crucial role in alleviating and preventing poverty and vulnerability, promoting effective access to health care and other services, and foster social inclusion and participation.

8. Moreover, social protection programmes can enhance the productivity, employability and economic development of persons with disabilities and therefore contribute to their income security.[5] Well-designed programmes can help to remove social and economic barriers that impede access to employment, and to secure access to capital and skill development programmes, thus creating better income-earning opportunities for persons with disabilities.

9. Social protection can also constitute a powerful strategy for developing human capacity and promoting full and effective participation. By facilitating access to food, health care and education, as well as support services, social protection can enhance the independence, inclusion and active participation of persons with disabilities, as it liberates them from a day-to-day struggle for survival.

B. Social protection floors

10. The implementation of nationally defined social protection floors is a welcome human rights-based strategy to promote the participation and the social inclusion of persons with disabilities. The Social Protection Floors Recommendation No. 202 (2012) of the International Labour Organization (ILO) represents an important commitment of States to the establishment of national social protection floors, providing basic social security guarantees, including at least a basic level of income security and access to essential social services for all, including persons with disabilities, across the life cycle.

11. As a foundation for any national social protection system, these floors must ensure, at a minimum, access to essential health care (including maternity care) and to a basic level of income security for (a) children — including access to food,

[4] *The Global Social Crisis: Report on the World Social Situation 2011* (United Nations publication, Sales No. E.10.IV.12).

[5] International Labour Office, *The strategy of the International Labour Organization Social Security for All: Building Social Protection Floors and Comprehensive Social Security Systems* (Geneva, 2012).

education, care and other necessary goods and services; (b) persons of active age who are unable to earn sufficient income, including persons with disabilities; and (c) older persons. The ILO recommendation concerning national floors of social protection, 2012 (No. 202) identifies as priority areas of attention the prevention and alleviation of poverty, vulnerability and social exclusion, and sets forth guidelines for implementing and monitoring national strategies that are participatory, country-led, sustainable and regularly reviewed. It also provides guidance to States on progressively providing higher levels of protection to as many people as possible and as soon as possible, reflecting States' economic and fiscal capacities. The recommendation also recognizes the principles of non-discrimination, gender equality and responsiveness to specific needs, and emphasizes that any initiative should support people with special needs and other potentially disadvantaged groups.

12. Accordingly, as reflected in the outcome document of the high-level meeting of the General Assembly on disability and development,[6] an adequate interpretation of the ILO recommendation should result in the situation of persons with disabilities being considered as a cross-cutting issue. The needs and rights of all persons with disabilities must be carefully taken into consideration, with a view to achieving universal coverage and social inclusion, reducing poverty and marginalization, avoiding discrimination and achieving equality as a matter of principle throughout the life cycle.

C. Sustainable Development Goals

13. By the time the Special Rapporteur presents this report, the General Assembly will have already adopted the Sustainable Development Goals. The draft final outcome document[7] and the Addis Ababa Action Agenda, adopted in July 2015,[8] include important references to persons with disabilities. This reflects a growing consensus among States and successful advocacy by the disability community regarding a critical message: one of the reasons why the Millennium Development Goals have fallen short of reaching the set milestones is that persons with disabilities were completely absent from that framework.

14. Social protection is a fundamental tool for achieving the proposed targets and goals, as mentioned in proposed goal 1 (End poverty in all its forms everywhere), 5 (Achieve gender equality and empower all women and girls) and 10 (Reduce inequality within and among countries). In relation to persons with disabilities, goal 1 should be addressed in the short term by mainstreaming disability in all social protection and poverty reduction programmes — a task that remains a global challenge. Social protection should further be used as an important instrument for pursuing other proposed goals in the context of disability, including those of

[6] Outcome document of the high-level meeting of the General Assembly on the realization of the Millennium Development Goals and other internationally agreed development goals for persons with disabilities: the way forward, a disability-inclusive development agenda towards 2015 and beyond (resolution 68/3), para. 4 (f).

[7] "Transforming our world: the 2030 agenda for global action", final draft of the outcome document of the United Nations summit for the adoption of the post-2015 development agenda, available from https://sustainabledevelopment.un.org/post2015/.

[8] Addis Ababa Action Agenda of the Third International Conference on Financing for Development (General Assembly resolution 69/313, annex).

ensuring healthy lives and well-being, guaranteeing inclusive, equitable quality education, promoting lifelong learning and opportunities for all, and promoting full and productive employment and decent work for all. The Addis Ababa Action Agenda highlights the importance of financing sustainable and nationally appropriate social protection systems with a focus on persons with disabilities, among others.[9]

D. Towards universalization

15. Social protection should be aimed at achieving universality and, thus, at contributing to the objective of the enjoyment by all persons of an adequate standard of living. Universal social protection involves comprehensive systems that guarantee income security and support services for all persons across the life cycle, paying particular attention to those experiencing poverty, exclusion or marginalization. At the same time, universal social protection should entail inclusiveness, i.e. take into account the particular circumstances of all persons, including those with disabilities.

16. The objective of universal social protection, already reflected in ILO recommendation No. 202, has recently been endorsed by the World Bank and ILO in a joint initiative. As co-chairs of the Social Protection Inter-agency Cooperation Board, and together with other United Nations agencies and development partners represented on the Board, both institutions can play a major role in promoting social protection responses that are inclusive of persons with disabilities, and in providing guidance to States on how to include a disability perspective into their national social protection systems.

E. Right to social protection: from traditional disability-welfare to social inclusion

17. The Universal Declaration on Human Rights recognizes the right of everyone to social security (art. 22) and affirms that everyone has the "right to a standard of living adequate for the health and well-being of himself and of his family" and the "right to security in the event of unemployment, sickness, disability, widowhood, old age or other lack of livelihood in circumstances beyond his control" (art. 25). Subsequently this right has been codified in several international and regional human rights instruments,[10] which also include non-discrimination clauses, thus reaffirming that the right to social security entails an obligation for States to prohibit any form of discrimination related to the enjoyment of this right.

[9] Ibid., para. 12.

[10] At the international level, the right to social security is recognized in the International Covenant on Economic, Social and Cultural Rights (art. 9), the International Convention on the Elimination of All Forms of Racial Discrimination (art. 5 (e) (iv)), the Convention on the Elimination of All Forms of Discrimination against Women (art. 11, para. 1 (e)), the Convention on the Rights of the Child (art. 26), and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families (art. 27). Regional instruments include the European Social Charter (Revised) (art. 12), the Additional Protocol to the American Convention on Human Rights in the Area of Economic, Social and Cultural Rights (art. 9), and the Inter-American Convention on Protecting the Human Rights of Older Persons (art. 17).

18. While in principle the right to social protection applies to all persons with disabilities on an equal basis with others, in practice there has been a significant underuse of the international legal framework to advance this and other human rights for persons with disabilities.

19. In this context, the adoption of the Convention on the Rights of Persons with Disabilities represents a major step towards disability-inclusive social protection. Article 28 refers for the first time in an international instrument to the right to social protection and links it to the right to an adequate standard of living, with reference to adequate food, clothing and housing, and the continuous improvement of living conditions. It also tailors the right to social protection to persons with disabilities, recognizing that they must enjoy this right without discrimination on the basis of disability, and establishes a pathway for their inclusion in all efforts related to the realization of this right.

20. More specifically, article 28 creates an obligation for States parties to take appropriate measures to ensure that persons with disabilities receive equal access to mainstream social protection programmes and services — including basic services, poverty reduction programmes, housing programmes, and retirement benefits and programmes — as well as access to specific programmes and services for disability-related needs and expenses.

21. Social protection also resonates in other provisions of the Convention, including in relation to the right to live independently and be included in the community (art. 19), respect for home and the family (art. 23), education (art. 24), health (art. 25), habilitation and rehabilitation (art. 26) and work and employment (art. 27). Importantly, social protection interventions should be measured against the Convention's principles of non-discrimination, participation and inclusion, equal opportunities, accessibility, and equality between men and women (art. 3).

22. The Convention moves beyond traditional disability-welfare considerations towards a complex equality model that highlights the interdependence and indivisibility of all human rights, stressing that persons with disabilities must enjoy these rights on an equal basis with others.

23. Traditional disability-welfare approaches have been instrumental in building and spreading the medical model of disability worldwide,[11] since they were part of a societal structure that considered disability as a medical problem, and persons with disabilities as unable to work, cope independently or participate in society. Unsurprisingly, these approaches triggered further segregation and loss of self-determination. Children with disabilities were sent to special schools and persons with disabilities received medical attention and rehabilitation in segregated settings, along the lines of "fixing" or "curing" them while disregarding their own will. When persons with disabilities were granted disability benefits, this was often based on the premise that they were not able to work.

24. Therefore, social protection for persons with disabilities needs to move towards intervention systems that promote active citizenship, social inclusion and community participation, while avoiding paternalism, dependence and segregation. The ultimate aim is to achieve the right to live independently and be included in the

[11] Theresia Degener and Gerard Quinn, "A Survey of international, comparative and regional disability law reform" in *Disability Rights Law and Policy: International and National Perspectives*, Mary Lou Breslin and Silvia Lee, eds. (Transnational Publishers, 2002).

community, in line with article 19 of the Convention, which creates an obligation for States to ensure that persons with disabilities enjoy: choice on an equal basis with others about life-shaping decisions (e.g., where and with whom they wish to live), and thus control over their own lives; access to necessary support services as a condition for free choice on an equal basis with others (including the provision of personal assistance); and access to all community services available to others, including in the context of the labour market, housing, transportation, health care and education.

III. Disability-inclusive social protection

A. Poverty and disability

25. Poverty affects persons with disabilities in a disproportionate manner. They are overrepresented among the poorest in the world,[12] experiencing higher rates of poverty and deprivation, and lower levels of income than the general population.[13] A study using comparable data and methods across 15 developing countries in Africa, Asia, and Latin America and the Caribbean found a significant association between disability and multidimensional poverty in at least 11 of the countries studied.[14] Persons with disabilities are also at a significantly higher risk of relative income poverty in most countries of the Organization for Economic Cooperation and Development (OECD), with poverty rates for persons with disabilities exceeding 30 per cent in some countries.[15] Similarly, contributions to the present report illustrate the existence of high poverty rates among persons with disabilities in both developed and developing countries.

26. The exclusion of persons with disabilities from the labour market contributes significantly to explaining these poverty levels. Working-age adults with disabilities experience low employment rates and salaries worldwide.[16] A study in 10 developing countries shows that unemployment and labour inactivity range from 32 to 100 per cent among people with disabilities, depending on the level of the impairment.[17] Those who work do so primarily in the informal sector, which increases their likelihood of receiving a wage below the minimum rate and of not being covered by social insurance. Persons with psychosocial and intellectual disabilities are less

[12] N. Groce and others, *Poverty and Disability — a Critical Review of the Literature in Low and Middle-income Countries* (L. Cheshire Disability and Inclusive Development Centre, 2011); A. Elwan, "Poverty and disability: a survey of the literature" (World Bank, 1999); Economic Commission for Latin America and the Caribbean, *Social Panorama of Latin America 2012* (United Nations publication, Sales No. E.13.II.G.6).

[13] S. Mitra, A. Posarac and B. Vick, *Disability and Poverty in Developing Countries: a Snapshot from the World Health Survey* (World Bank, 2011); Eurostat, "Disability statistics: poverty and income inequalities", available from http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability_statistics_-_poverty_and_income_inequalities.

[14] S. Mitra, A. Posarac and B. Vick.

[15] OECD, "Sickness, disability and work: keeping on track in the economic downturn" (2009).

[16] World Health Organization (WHO) and World Bank, *World Report on Disability* (2011).

[17] S. Buckup, "The price of exclusion: the economic consequences of excluding people with disabilities from the world of work", Employment Working Paper No. 43 (International Labour Office, Geneva, 2009).

likely to be employed than other persons with disabilities.[18] In OECD countries, the employment rate of persons with disabilities is on average 40 per cent lower than the overall level, while the unemployment rate is twice as high.[19] According to ILO, the economic loss related to the exclusion of persons with disabilities from the labour market in low- and middle-income countries is between 3 and 7 per cent of the gross domestic product.[20]

27. Discrimination and stigma, unequal opportunities, and physical and attitudinal barriers are also causes for the social exclusion and poverty of persons with disabilities. Lack of education, in particular, has a significant impact on poverty in adulthood of persons with disabilities. As research shows, persons with disabilities with higher educational attainments have considerably higher employment and income rates.[21] Nonetheless, children and youth with disabilities are less likely to attend school or to be promoted in school, which affects their opportunities for future employment.[22] Furthermore, measures such as the arrest of homeless persons have a disproportionate impact on persons with psychosocial disabilities and may criminalize persons in need of support.

28. Poverty reduction programmes do not adequately include persons with disabilities. Research suggests that social protection programmes do not meet the needs of persons with disabilities.[23] For example, a recent study in two developing countries reveals that, despite the significant poverty gap between persons with disabilities and the general population, social protection programmes often do not specifically include persons with disabilities or respond to their specific needs.[24] This constitutes a missed opportunity, given that in the past decade most developing countries have implemented new poverty reduction programmes (including cash transfers and public employment schemes) that could have benefited persons with disabilities and supported their exit out of poverty.

B. Disability-related extra costs

29. Persons with disabilities incur a range of common daily expenditures that persons without disabilities do not. They include extra costs for the person and the family to purchase goods and services, such as health care, transportation, assistive devices, personal assistance and house adaptation. On the one hand, some of these goods and services are entirely disability-related, such as mobility aids, appropriate and adapted devices and assistive technologies (including information and communications systems) and various forms of live assistance and intermediaries

[18] B. Vick, K. Jones and S. Mitra, "Poverty and psychiatric diagnosis in the U.S.: evidence from the Medical Expenditure Panel survey", in *Journal of Mental Health Policy and Economics*, vol. 15 (2) (2012).

[19] OECD, *Sickness, Disability and Work: Breaking the Barriers — a Synthesis of Findings across OECD Countries* (2010).

[20] S. Buckup.

[21] OECD, "Sickness, disability and work: keeping on track in the economic downturn" (2009).

[22] WHO and World Bank.

[23] ILO, *World Social Protection Report 2014/15, Building Economic Recovery, Inclusive Development and Social Justice*; UNICEF, *The State of the World's Children 2013, Children with Disabilities*; D. Mont, "Social protection and disability", in *Poverty and Disability*, T. Barron and J. M. Neube, eds. (Leonard Cheshire Disability, London, 2010).

[24] See www.giz.de/expertise/html/16762.html.

(e.g., personal assistance services and service animals). However, many of these goods and services are not available through or covered by national social protection systems.[25] On the other hand, persons with disabilities may pay higher prices for accessing the same goods and services as other people (e.g., private health and life insurance, when available) and consume larger amounts of certain non-specialized goods and services, such as food, heating, personal care, laundry, and telephone and Internet services, thus incurring considerable extra costs.[26]

30. Importantly, many of these extra costs are directly related to lack of accessibility. An obvious example is transportation, where a person with a disability may be obliged to use taxis on a daily basis owing to the non-accessibility of the public transport system. Lack of accessibility also reduces the options for obtaining other goods and services. For instance, persons with disabilities often incur considerably higher expenditures for basic items such as food or clothing because they have no alternative to shopping locally or relying on others, thus preventing them from benefiting from bargains.[27] Accessible services can also be more costly than their non-accessible equivalents.

31. While the extra cost of disability varies greatly depending on the availability and financial accessibility of goods and services,[28] researchers have calculated that it can amount to almost 50 per cent of an individual's income.[29] A recent study on older persons with disabilities estimates that, on average, disability costs are approximately 65 per cent higher than the net weekly pre-disability household income.[30] In addition, the economic cost of living with a disability includes foregone benefits or opportunity costs (e.g., lost income of individuals with disabilities or of family members who cannot work, or who work less, if the household includes one or more persons with disabilities),[31] the impact of which depends on many factors, including the type of impairment, the household's socioeconomic status, the individual's work status and the policy context (e.g., the existence of disability benefits).

32. Accordingly, the extra cost of disability has significant consequences for persons with disabilities and may lead to a lower standard of living and to poverty when households cannot afford these expenditures. Contributions to the present report illustrate that many persons with disabilities cannot afford education and

[25] WHO and World Bank.

[26] D. Stapleton, A. Protik and C. Stone, *Review of International Evidence on the Cost of Disability*, Research Report No. 542 (London, Department of Work and Pensions, 2008); A. Zaidi and T. Burchardt, "Comparing incomes when needs differ: equivalization for the extra costs of disability in the U.K.", in *Review of Income and Wealth*, No. 51 (1) (2005).

[27] Extra Costs Commission, "Driving down the extra costs disabled people face: interim report" (2015).

[28] S. Mitra, A. Posarac and B. Vick, see note 13.

[29] J. Cullinan, B. Gannon and S. Lyons, *Estimating the Extra Cost of Living for People with Disabilities*, in *Health Economics*, vol. 20 (5) (2011); P. Saunders, "The cost of disability and the incidence of poverty", Discussion Paper No. 147, Social Policy Research Centre, University of New South Wales, 2006; Prashant Loyalka and others, "The costs of disability in China", in *Demography*, 51 (1) (2014).

[30] M. Morciano, R. Hancock and S. Pudney, "Disability costs and equivalence scales in the older population", ISER Working Paper Series, No. 2012-09 (University of Essex, Institute for Social and Economic Research, April 2012).

[31] M. Palmer and others, "The Economic Lives of People with Disabilities in Vietnam" (2015), available from http://journals.plos.org/plosone/article?id=10.1371/journal.pone.0133623.

health services owing to the additional costs incurred because of disability, while they also face significant barriers to accessing health care, such as non-affordable or inadequate health services, discrimination in public and private health insurance, and insufficient insurance coverage. Catastrophically high health expenditures are preponderant among persons with disabilities, across all gender and age groups.[32] Consequently, the burden of disability-related extra costs can easily nullify the enjoyment of other human rights, including living independently and with freedom of choice in any given society.

33. States should therefore provide social protection programmes that cover disability-related expenditures,[33] to prevent a significant deterioration of standard of living and to prevent poverty. While evidence suggests that social benefits contribute positively to reducing the at-risk-of-poverty rates for persons with disabilities,[34] in practice very few States have established flexible systems that cover disability-related costs. In most cases, benefits are static, provided in fixed lump sums without account being taken of the individual's particular situation and needs.

C. Life cycle approach

34. Social protection systems and programmes can only be effective if they address the specific needs of persons with disabilities throughout their life cycle: childhood, adolescence, working age and old age. This approach is aimed at removing existing barriers to accessing age-based benefits and at creating uninterrupted interventions and a smooth transition from one age group to another with regard to the receipt of benefits.

35. States should prioritize social protection policies to ensure the well-being of children and adolescents with disabilities and their families; to enable them to realize their full potential through inclusive and adequate services and support measures (especially in the education and health sectors); and to combat poverty. In effect, families with children with disabilities are disproportionately more likely to fall below the poverty line,[35] as disability in childhood is often the catalyst for poverty owing to disability-related extra costs, family break-ups and unemployment following the onset of disability.[36] Poverty, in turn, remains the main cause of malnutrition, school dropout, abandonment and institutionalization of children with disabilities.[37] States should adopt inclusive and barrier-free social protection systems as they can have a life-changing impact on children and adolescents with disabilities.

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[32] WHO and World Bank, see note 16.

[33] The Committee on Economic, Social and Cultural Rights has established that support to persons with disabilities should be provided in a dignified manner and reflect the specific disability-related needs and expenses. See general comment No. 19, para. 20.

[34] Eurostat, "Disability statistics: poverty and income inequalities", available from http://ec.europa.eu/eurostat/statistics-explained/index.php/Disability_statistics_-_poverty_and_income_inequalities.

[35] UNICEF, see note 23.

[36] Council for Disabled Children, "Disabled children and child poverty", briefing paper for the Every Disabled Child Matters campaign, 2007.

[37] UNICEF; WHO and UNICEF, *Early Childhood Development and Disability: A Discussion Paper* (WHO, 2012).

36. Social protection plays an important role for women and men with disabilities of working age, by stabilizing and protecting their income in the event of unemployment, sickness or inactivity, and by ensuring at least a basic level of income security. Effective measures to support persons with disabilities in finding and retaining quality employment are an essential element of non-discriminatory and inclusive policies that help them realize their rights and aspirations as productive members of society.[38] Social protection also contributes to meeting their health care, maternal protection and social participation needs.

37. Persons with disabilities who have not acquired entitlements to a contributory pension during their working lives face considerable difficulties in maintaining an adequate level of income security towards the end of their lives, when adequate non-contributory pensions are not available. Moreover, as they are often less likely to have a partner or to marry,[39] intra-family support as an additional source of income security is often insufficient and unreliable. Therefore, social protection programmes are necessary to guarantee income security for older persons with disabilities and to provide support services. As disability rates are considerably higher among older persons, there is a growing demand for health and social care and support services to enable them to continue living independently and with dignity.

D. Women and girls

38. Women and girls with disabilities face many difficulties in accessing adequate housing, health care, education, vocational training and employment, and are more likely to be institutionalized and experience poverty. The Convention on the Rights of Persons with Disabilities recognizes that women and girls with disabilities are subject to multiple forms of discrimination, and provides for their equal and full enjoyment of all human rights and fundamental freedoms. It also requires States to ensure that they have equal access to social protection and poverty reduction programmes.

39. Accordingly, States must ensure that social protection programmes address the imbalances of power and the multiple forms of discrimination experienced by women and girls with disabilities. States should take steps to eliminate the barriers that prevent them from accessing social protection programmes and ensure that social protection systems take into account both disability-related and gender-related factors in the design and implementation of such programmes. Non-contributory schemes, in particular, play an important role, as women with disabilities are often excluded from the formal labour market. States should also acknowledge the role of women with disabilities as caregivers, including older women with disabilities, by providing them with appropriate assistance to perform care responsibilities without reinforcing patterns of discrimination and negative stereotyping.[40]

[38] ILO, *World Social Protection Report*, p. 53.

[39] WHO and World Bank, see note 16.

[40] M. Sepúlveda and C. Nyst, *The Human Rights Approach to Social Protection* (Ministry for Foreign Affairs of Finland, 2012).

E. Multiple and aggravated forms of discrimination

40. There are persons with disabilities across all population groups, including those historically discriminated against or disadvantaged, such as persons of African descent, indigenous peoples, lesbian, gay, bisexual, transgender and intersex persons, and minorities. In the design and implementation of social protection programmes, States must acknowledge the multiple and aggravated forms of discrimination faced by persons with disabilities belonging to these groups.

41. Social protection systems must also respond to the needs of heterogeneous groups within the disability community, including those that may be easily forgotten in policymaking, such as deaf persons,[41] autistic persons, and persons with psychosocial or intellectual disabilities. Impairment-specific considerations may be relevant for the purpose of providing targeted support services, for instance for people who are blind, deaf or deaf-blind. It is worth noting, however, that traditional disability-welfare approaches under the medical model de facto promoted inequality among the diversity of persons with disabilities by adopting legislation that benefited certain groups of persons with disabilities while excluding others. The deprivation of legal capacity faced by many persons with disabilities has also led to systematic discrimination in accessing their right to social protection and control over support provided.

IV. Key elements to build disability-inclusive social protection systems

42. To ensure a comprehensive social protection system, States have an obligation to adopt national strategies and plans of action[42] that consider the equal rights of persons with disabilities. In this regard, the design, implementation and monitoring of those strategies and action plans must comply with the Convention on the Rights of Persons with Disabilities. Similarly, targets or goals have to include disability-specific benchmarks and indicators, to monitor and evaluate whether social protection systems benefit persons with disabilities or not.

A. Legal and institutional frameworks

43. States have to include the right of persons with disabilities to social protection in their domestic legal framework. Where national legal frameworks define entitlements to social protection benefits, rights-holders have a legal ground to claim their rights, and the system as a whole tends to be more stable and sustainable.[43] While the contributions to the present report illustrate a variety of approaches, existing legislation generally falls short in guaranteeing this right in its full extent to persons with disabilities on an equal basis with others. It is encouraging to note, however, that, in line with their obligations under the

[41] A contribution to the present report illustrated an interesting measure to assist deaf persons though remote sign language interpreters via video connection when a deaf person visits a health centre.

[42] Committee on Economic, Social and Cultural Rights, general comment No. 19, para. 68.

[43] M. Sepúlveda and C. Nyst.

Convention,[44] States have started an analysis to assess where they stand and identify legislative gaps. This analysis is an important step for States to take towards a comprehensive harmonization process, where national legislation, policies, customs and practices are measured against the principles, rights and obligations of the Convention.

44. States should ensure that provisions relating to the access of persons with disabilities to social protection are included in disability-specific legislation and in mainstream legislation and policy on social protection. Indeed, the review process should encompass legislative areas beyond the traditional scope of social insurance and disability-specific laws, including for instance legislation on education, health, employment, housing and social inclusion.

45. States must also review their institutional frameworks to ensure that persons with disabilities are adequately included in social protection systems. In principle, these frameworks must bring coherence and coordination, rather than fragmentation, across programmes, actors and levels of government responsible for implementing social protection policies.[45] In practice, however, disability-related social protection initiatives are too often disconnected from the broader social protection coordination system and implemented in isolation by the disability agencies within the government, rather than as part of the main social protection strategy. These disability agencies often operate without the engagement and necessary technical support of the main agencies in charge of national programmes. Of additional concern is the lack of coordinated responses between national and subnational authorities, which can jeopardize the availability and quality of benefits and services within a country.

46. This fragmentation increases the likelihood of persons with disabilities being excluded from mainstream social protection programmes, thus limiting the scope, quality and adequacy of the services and benefits they receive. To avoid this, States must ensure that all disability-related programmes are considered as an integral part of their national social protection strategies and are not delegated solely to the responsibility of the government's disability agency. States should also devote efforts to taking the needs of persons with disabilities into consideration in their mainstream social protection programmes, and enhancing their internal coordination mechanisms to address those needs in a comprehensive manner. Further, States should invest in interministerial and intersectoral capacity-building to strengthen the institutional framework.

B. System design

47. States need to assess how the design of their social protection systems affects the situation of persons with disabilities, and in particular: (a) the balance between contributory and non-contributory schemes and (b) the balance between mainstream and specific programmes.

48. Although persons with disabilities can be covered by contributory schemes (e.g., social insurance programmes), they have considerably fewer opportunities to

[44] The Convention on the Rights of Persons with Disabilities establishes general obligations relating to legislative harmonization in article 4, paragraph 1 (a) and (b).

[45] M. Sepúlveda and C. Nyst.

contribute to such schemes than persons without disabilities, mainly owing to their higher unemployment rates, economic inactivity and informal employment. Contributory schemes normally do not cover children and young adults with disabilities if they have been unable to contribute to a social insurance scheme or are not covered through their parents. Despite these limitations, contributory schemes play an important role in providing social protection to persons with disabilities and often provide higher benefits than non-contributory programmes. Making provision for government-financed contributions for certain categories of persons who are unable to contribute directly, or who have limited contributory capacity, can strengthen the universal protection of contributory programmes.

49. Contributory and non-contributory systems, as well as income generation programmes, can complement each other in various ways to reduce the coverage gap of persons with disabilities. Nevertheless, States must ensure an adequate level and quality of services in both contributory and non-contributory schemes, and their sustainability. States must also take steps, to the maximum of their available resources, to ensure that social protection systems cover all persons with disabilities on an equal basis with others. Finally, States must ensure the continuity of benefits and services when a person moves from a contributory scheme to a non-contributory one, and vice versa.

50. To achieve universalization and inclusiveness, social protection must be as mainstreamed as possible, and as specific as necessary. While mainstream programmes support the access of persons with disabilities to general benefits and services on an equal basis with others (including by providing reasonable accommodation), specific programmes provide them with access to quality mobility aids, devices, assistive technologies and other forms of live assistance, as well as to a range of in-home, residential and other community support services (including personal assistance to live independently and actively participate in the community). Together, these programmes must cover services, devices and other assistance for disability-related needs, and extra costs. Overall, the balance between mainstream strategies and targeted support should be tailored to address the needs of specific groups of persons with disabilities, while maintaining the overall goal of including persons with disabilities in all aspects of social protection systems.[46]

C. Disability benefits

51. Disability benefits play an important role in ensuring income security for persons with disabilities and, therefore, in realizing their rights and aspirations as productive members of society. While these benefits may take various forms, including in-kind transfers or subsidies,[47] the majority are in the form of cash transfers, such as disability pensions. Cash benefits are the preferred option because they entail lower administrative costs and provide individuals with a choice and control in selecting services and providers.[48] According to ILO,[49] almost all

[46] E/CN.5/2012/6, para. 12.

[47] Disability in-kind transfers or subsidies include, for instance, free public transportation, free access to public services, free or subsidized food, and free or subsidized assistive devices.

[48] D. Mont, "Social protection and Disability" in T. Barron and J. M. Ncube (eds.), *Poverty and Disability* (Leonard Cheshire Disability, London, 2010).

[49] ILO, *World Social Protection Report*.

countries have a scheme anchored in law that provides cash benefits to persons with disabilities. The majority of them are contributory and serve as income replacement in the event of full or partial disability. Although non-contributory benefits are extremely important for persons with disabilities, they are available in less than half of the world's countries. Also, in most cases, the grants provided through this scheme are insufficient to ensure an adequate standard of living or even to cover the extra costs of disability.

52. Disability benefits are fundamental for promoting the inclusion and active participation of persons with disabilities; however, if wrongly conceived, they could create disincentives for such participation. When disability benefits bundle assistance to cover disability-related extra costs or access to health care together with income support aimed at reducing poverty, persons with disabilities may lose the entire benefit package if they gain a higher income than the poverty line or minimum income threshold. This places persons with disabilities at a crossroads, where they must choose between securing a minimum but stable income, and seeking employment and further socioeconomic participation and contribution; the latter option bearing the risk of job insecurity or insufficient income to cover all expenses. Therefore, if not well designed, these benefits can in themselves become a "benefit trap" that leads to low labour force participation.[50] This problem is further compounded when the disability benefits are linked to a precondition of being "unable to work" (as opposed to having a low income or a reduced earnings potential) as part of the eligibility criteria, which not only reinforces stereotyping of persons with disabilities, but also perpetuates their dependency on the benefits by eliminating any expectation of their entering the labour market.

53. To avoid this dilemma, States should unbundle income security and disability-related assistance to find the right balance between supporting labour inclusion and providing an adequate level of income security for persons with disabilities. The two sets of policies should be seen as complementary, rather than contradictory, in promoting the full and effective participation of persons with disabilities. Measures to facilitate the inclusion in the labour market of recipients of disability benefits must include transitional or "bridging" arrangements to enable them to retain at least part of the benefits (e.g., assistance related to the extra costs of disability, and in-kind benefits, such as health care) until they reach a certain wage threshold, and to become eligible again without delay if they lose their jobs.[51]

54. It is important that States provide persons with disabilities with choice and control over their disability benefits. In fact, if the disability benefit is provided as part of a household-related benefit, there is no guarantee that it would actually contribute to the social participation and inclusion of the person with a disability. While many individuals may require support in their daily lives, they should retain control over their personal budgets and the choice of support received.

D. Targeting and eligibility

55. While the ultimate goal is to achieve a universal and systematic approach to social protection, in many middle- and low-income countries non-contributory

[50] A/HRC/22/25, para. 61.
[51] ILO, *World Social Protection Report*.

programmes are targeted towards the poor. Social protection programmes target persons with disabilities either as a separate group through disability-specific programmes; by explicitly incorporating them within the targeting criteria of mainstream programmes; or by including them within groups at risk of poverty.[52] Programmes can also either target all persons with disabilities, only certain age groups, or focus on a particular level or type of impairment.

56. The targeting of persons with disabilities entails several difficulties. First, eligibility conditions in social protection programmes rely either on definitions of persons with disabilities derived from national legislation — which often have a narrow medical focus or exclude specific groups — or include programme-specific definitions, which may be limited to work capacity or medical assessments. States should review their national definition of persons with disabilities to ensure its conformity with the Convention on the Rights of Persons with Disabilities.

57. Second, even with a rights-based definition of persons with disabilities, it remains extremely difficult to determine whether a person is part of the targeted group or not. For instance, some countries may lack the administrative capacity required for disability determination in urban, rural and remote areas. The heterogeneity of the disability community makes targeting particularly challenging, especially in the case of invisible or episodic impairments. In some cases, corruption or medical discretion can also affect the disability assessments. Therefore, disability-targeting errors are very frequent.[53]

58. Third, in the case of means-tested programmes, income thresholds are usually determined at the household level through direct means-testing or proxy means-testing. These instruments tend to overlook the extra cost of disability and, when it is considered, an individual assessment of personal and environmental factors affecting that cost is hardly ever made. Thus, persons with disabilities with higher support needs tend to be overlooked.

59. Fourth, disability-related services, devices and other assistance may also be subject to means-testing, limiting the coverage of disability-related programmes. In this respect, the Committee on the Rights of Persons with Disabilities has expressed concern about limiting access to social protection benefits and subsidies to those who meet "poverty criteria" or a "financial assets test".[54] Therefore, while poverty reduction programmes should include additional disability-related expenditures, disability-specific social protection programmes should not be limited in scope to the poverty threshold, without considering the extra costs that make people with disabilities more prone to becoming poor.

60. Fifth, the eligibility criteria of social protection programmes should not include factors that could directly or indirectly exclude persons with disabilities. For instance, in many countries child nutrition programmes operate only at childcare centres and schools. Since children with disabilities have fewer opportunities to attend school, many of them lack access to nutrition programmes. Older persons with disabilities are also usually excluded from receiving disability benefits owing

[52] M. Palmer, *Social Protection and Disability: A Call for Action*, Oxford Development Studies, 2013.

[53] S. Mitra, "Disability and social safety nets in developing countries", Social Protection Discussion Paper Series (World Bank, 2005).

[54] CRPD/C/CRI/CO/1, para. 57; CRPD/C/HRV/CO/1, para. 44.

to their age, yet pensions and other available benefits may not fully address disability-related needs. Therefore, States must take into account the situation of persons with disabilities when targeting specific age groups.

61. Lastly, targeting methods have to take account of persons with disabilities. While self-targeting (i.e. where persons with disabilities self-enrol into programmes) can be an interesting alternative to disability assessments, it may have a limited impact if the information and procedures for applying are inaccessible. Similarly, although community-based targeting to identify recipients for cash or in-kind benefits promotes the involvement of local agents or institutions, there is a risk that the decision makers exclude persons with disabilities.

62. Further work, including research and international cooperation, is required to support States in the design of simpler, more effective and more holistic targeting mechanisms, which would also inform States about the barriers faced by persons with disabilities and the support they need.

E. Relevance of benefit packages

63. States must ensure that social protection programmes meet the standards of quality, adaptability, acceptability and adequacy for all persons with disabilities. Accordingly, social protection programmes must be adapted to the needs of persons with disabilities in their local context; be acceptable in the light of the multiple discrimination that they face; and provide benefits of an adequate amount and duration to enable beneficiaries to enjoy an adequate standard of living.[55] In other words, States must ensure that benefits and services offered by social protection programmes are relevant and consistent with the right of persons with disabilities to an adequate standard of living.

64. Disability-related needs should be considered and addressed in all areas of the social protection system. In many countries, the lack of availability of services is problematic: health coverage, for instance, does not always include specialized health services or assistive devices that persons with disabilities may need. Thus, they must bear, with their households, the cost of accessing those services or devices. Similarly, public employment and housing programmes often do not guarantee appropriate conditions for persons with disabilities to actually benefit from those programmes.

65. States should ensure that benefits are sufficiently high to enable persons with disabilities to afford the goods and services required to enjoy at least a minimum essential level of economic, social and cultural rights.[56] The Committee on the Rights of Persons with Disabilities has stressed the importance of taking into account disability-related costs to ensure a sufficient allocation of benefits, in particular for children with disabilities and their families.[57] The Committee has also recommended calculating benefits on the basis of the personal characteristics and circumstances and the needs of persons with disabilities.[58]

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[55] Committee on Economic, Social and Cultural Rights, general comment No. 19, para. 22.

[56] Committee on Economic, Social and Cultural Rights, general comment No. 3, para. 10.

[57] CRPD/C/CZE/CO/1, para. 53; CRPD/C/PRY/CO/1, para. 67; CRPD/C/NZL/CO/1, para. 60; CRPD/C/MNG/CO/1, para. 43.

[58] CRPD/C/HRV/CO/1, para. 44; CRPD/C/KOR/CO/1, para. 54; CRPD/C/CHN/CO/1, para. 80.

66. Like other programmes, conditional cash transfer programmes[59] must take into account disability-related needs. However, there is growing evidence that the conditionalities attached to these programmes tend to exclude persons with disabilities owing to structural barriers. This includes, for instance, the lack of inclusive education that precludes children with disabilities from attending school or the lack of accessible information that impedes deaf persons from participating in training or meetings with the social services. In response, some conditional cash transfer programmes have opted to exempt persons with disabilities from the conditionalities that they cannot fulfil because of existing external barriers. While such exemptions allow persons with disabilities to fight short-term poverty, they contradict the overall goal of investing in human capabilities to promote social inclusion and active participation, and represent a missed opportunity to address longer-term poverty.

67. To be inclusive, States should support persons with disabilities in meeting the conditionalities established by conditional cash transfer programmes. While allowing them to benefit from the programmes despite not meeting the conditionality criteria is a positive, if insufficient, measure, an intersectoral intervention is needed to guarantee access to the required services by persons with disabilities and their families. This support must also be available to parents with disabilities when they are not the direct beneficiaries, but are responsible for ensuring that the targeted members of the household meet the set conditions.

68. States must ensure that the implementation of programmes does not undermine the rights of persons with disabilities. In some cases, to access benefits, adults with disabilities are compelled to renounce their legal capacity or receive treatment and rehabilitation on a regular basis, including psychiatric treatment. In other cases, services are offered in segregated settings — such as special schools or sheltered employment — or otherwise in a way that is not compliant with human rights standards. Such practices are contrary to the intrinsic dignity of persons with disabilities and contradict the principles of non-discrimination, participation and inclusion.

F. Non-discrimination

69. States have an obligation to ensure access to social protection for all persons with disabilities on an equal basis. States must therefore recognize the right to social protection without discrimination on the ground of disability — whether in law or in fact, and whether direct or indirect discrimination — and eliminate discrimination in law, policy and practice.

70. The principle of non-discrimination must be respected at all stages of a social protection programme cycle, including at the design, implementation and monitoring stages. States must ensure that social protection programmes are designed, implemented and monitored in a way that takes into account the experiences of all men and women with disabilities, from the selection of beneficiaries to the delivery of services and benefits. To that end, social protection

[59] Conditional cash transfers are considered by some experts as non-compliant with the human rights-based approach. See M. Sepulveda and C. Nyst.

systems must address the structural barriers that persons with disabilities face to participate in society, including lack of accessibility.

71. To promote equality and eliminate discrimination, States must take all appropriate steps to ensure that reasonable accommodation is provided to persons with disabilities,[60] in all instances and whenever needed, in the provision of social protection programmes. In many countries, however, when it is recognized, the requirement of providing reasonable accommodation is limited to employment and therefore does not apply to social protection programmes. States must acknowledge in their legal and policy framework that the denial of reasonable accommodation constitutes discrimination and that they have an immediate duty to fulfil this right, which is not subject to progressive realization.[61]

G. Accessibility

72. Accessibility is a precondition for persons with disabilities to benefit from social protection on an equal basis with others. Without access to the physical environment, to transportation, and to information and communication, persons with disabilities are prevented from enjoying their right to social protection.

73. Lack of physical accessibility affects not only access to social protection programmes, but also to the provision of services and the delivery of benefits. An analysis of contributions received shows that in many countries, public and private infrastructure (e.g., schools, health-care centres and housing) is often inaccessible to persons with disabilities. Similarly, while cash benefits are commonly paid by direct transfer into bank accounts, the accessibility of bank services is not always ensured. The same applies to the distribution of benefits in kind, particularly in rural and remote areas.[62]

74. Even when programmes and services are physically accessible, lack of accessible transportation can impede persons with disabilities reaching them. Additionally, it can increase the cost of accessing benefits to the point of making them irrelevant.

75. Information, materials and communication pertaining to social protection programmes must not create barriers to the participation of persons with disabilities. Persons with sensory and intellectual impairments are often particularly affected. In fact, when information, materials and procedures are neither accessible nor easy to understand, persons with disabilities have no means of knowing about the existence of programmes and their requirements. This is important also because of the greater likelihood of persons with disabilities being illiterate because of lack of access to education.

76. In this regard, the Committee on the Rights of Persons with Disabilities has stressed that States should ensure that social protection measures and services are provided in an accessible manner, in accessible buildings, and that all information and communication pertaining to them is accessible.[63] The Committee has also highlighted the importance of adopting measures to remove barriers to access to

[60] Convention on the Rights of Persons with Disabilities, art. 5 (3).
[61] CRPD/C/ESP/CO/1, para. 44.
[62] Daniel Mont, see note 48.
[63] Committee on the Rights of Persons with Disabilities, general comment No. 2, para. 42.

basic services, drinking water and sanitation in rural and remote areas, and to include organizations of persons with disabilities in the monitoring of their implementation.[64]

H. Participation

77. States have an obligation to ensure that persons with disabilities are actively engaged in the development of social protection systems. The principle of participation is expressly recognized in article 3 (c) of the Convention on the Rights of Persons with Disabilities. Article 29 (b) of the Convention further requires States to promote an environment in which persons with disabilities can effectively and fully participate in the conduct of public affairs, on an equal basis with others, and to encourage their participation in public affairs. Article 4, paragraph 3, requires States to consult and involve persons with disabilities, including children with disabilities, in the development and implementation of legislation and policies to implement the Convention, and in other decision-making processes concerning issues relating to persons with disabilities.

78. Accordingly, persons with disabilities must be granted the opportunity to participate, through their representative organizations, in the planning, design, implementation and monitoring of social protection systems, at all levels of governance. Such participation ensures that domestic efforts to implement social protection systems are informed by the perspectives and experiences of persons with disabilities, and helps to engage and commit policy makers and civil servants.

79. In most cases, however, States do not systematically consult with persons with disabilities. A majority of the contributions received for the present report illustrate either a lack of consultation or sporadic, merely symbolic processes, with unrealistic time frames. Additionally, when consultations are undertaken, they are often limited to disability-specific programmes (rather than being on overall policies or strategies on social protection) or are conducted only at the central level. Organizations of persons with disabilities need to be informed of ongoing efforts, and processes need to be clear, accessible and disability-friendly, given that organizations of persons with disabilities are often underresourced and unfamiliar with the field of public decision-making and their right to participate therein.[65]

80. States should also ensure that the diversity of persons with disabilities is represented and consulted in decision-making processes related to the right to social protection. However, persons with autism, intellectual impairment and psychosocial disabilities, as well as children and older persons with disabilities are often excluded from such consultations, because they are less likely to have their own representative organizations. Finally, indigenous persons with disabilities and persons with disabilities living below the poverty line or in rural or remote areas, face additional, multi-faceted barriers to participation.

[64] CRPD/C/SLV/CO/1, para. 58; CRPD/C/MEX/CO/1, para. 53; CRPD/C/CHN/CO/1, para. 43.

[65] Convention on the Rights of Persons with Disabilities, arts. 3 (c); 4, para. 3; 29; and 33, para. 3.

I. Resource implications

81. Implementing a social protection system not only entails having legislation and policies in place, but also financial resources and institutions with the capacity to implement and monitor them. The obligation of progressive realization compels States to take appropriate measures to the maximum of their available resources towards the full realization of the right to social protection. This concept should not be understood as discharging States from any obligations until they have sufficient resources. On the contrary, States must take constant steps to improve the enjoyment of the right to social protection of persons with disabilities, with a time-bound plan and measurable benchmarks to help monitor progress.

82. States have various obligations of immediate effect in relation to the right of persons with disabilities to social protection, which include: the elimination of discrimination in the exercise of this right, the promotion of gender equality, securing access to social protection and ensuring a minimum essential level of benefits for all persons with disabilities and their families.[66] These minimum essential levels constitute the core of nationally defined social protection floors and are crucial to securing an adequate standard of living for persons with disabilities, including basic subsistence, essential primary health care, basic shelter and housing, and basic forms of education.[67] States must meet these core obligations even if their resources are scarce.

83. To guarantee progressive realization of the right to social protection, States should formulate strategies and plans that include realistic, achievable and measurable indicators and time-bound targets, designed to assess progress in its implementation. In addition, States should adopt adequate laws and policies, and disburse funds to implement these plans and strategies. States must refrain from entrusting private charities with funding responsibility for persons with disabilities, owing to the unsustainability of this approach and the possible negative impact on the rights of persons with disabilities.[68]

84. In practice, since the financial crisis of 2008, many countries have been reducing their social protection systems, disproportionately affecting persons with disabilities. In some countries, austerity measures include cuts in or caps on disability benefits, stricter eligibility criteria, the elimination or reduction of subsidies and tax credits, and reduced expenditure on community support services, such as in-home services and personal assistance. These cuts are not only affecting the standard of living of those who relied on such benefits, but also limit their capacity to live independently, often leading to their institutionalization.

85. The obligation of progressive realization prohibits deliberate retrogressive measures in the exercise of the right to social protection. According to the Committee on Economic, Social and Cultural Rights, States can only justify a retrogressive measure if it is introduced after the most careful consideration of all other alternatives, and if duly justified by reference to the totality of the rights enshrined in the Covenant on Economic, Social and Cultural Rights.[69] States must

[66] Committee on Economic, Social and Cultural Rights, general comment No. 19, para. 59.

[67] M. Sepulveda and C. Nyst, see note 40.

[68] CRPD/C/MEX/CO/1, para. 18; CRPD/C/PER/CO/1, para. 18; and Committee on the Rights of the Child, CRC/C/MEX/CO/4-5, para. 45.

[69] Committee on Economic, Social and Cultural Rights, general comment No. 19, para. 42.

also demonstrate that the affected groups participated in the assessment of the proposed measures and alternatives; that the measures are not directly or indirectly discriminatory; and that they will not have a sustained impact on the realization of the right to social protection.

86. Lastly, international cooperation plays a crucial role in supporting national efforts for the realization of the right to social protection of persons with disabilities, for example by ensuring that official development aid is inclusive of, and accessible by, persons with disabilities; facilitating and supporting capacity-building; enabling cooperation in research and access to scientific and technical knowledge; and providing technical and economic assistance, as appropriate.[70] South-to-South and triangular cooperation, in particular, can reinforce national ownership of efforts in relation to social protection and persons with disabilities. In all cases, international cooperation must be provided in a manner that is consistent with the human rights of persons with disabilities, and in a sustainable and culturally appropriate manner.[71] States should promote disability-inclusive international cooperation in partnership with relevant international and regional organizations, including financial institutions, and civil society, especially organizations of persons with disabilities.

V. Conclusions and recommendations

87. **Securing the right of persons with disabilities to social protection must be a priority for States and the international community. Inclusive social protection systems, including social protection floors, can contribute significantly to supporting the social participation and inclusion of persons with disabilities by ensuring income security and access to social services. They can also play an important role in fostering the realization of the Sustainable Development Goals for persons with disabilities. For that purpose, States must move away from traditional disability-welfare approaches and turn towards rights-based ones, and must develop comprehensive social protection systems that guarantee benefits and access to services for all persons with disabilities across the life cycle. The inclusion of persons with disabilities in social protection systems is not only a human rights issue, but also a crucial investment for development that States cannot afford to miss.**

88. **The Special Rapporteur makes the following recommendations to States with the aim of assisting them in developing and implementing disability-inclusive social protection systems:**

(a) **Ensure that the right of persons with disabilities to social protection is recognized in domestic legislation and taken into account in national social protection strategies and plans, including nationally defined social protection floors;**

(b) **Implement comprehensive and inclusive social protection systems that mainstream disability in all programmes and interventions, and ensure access to specific programmes and services for disability-related needs. Social**

[70] Convention on the Rights of Persons with Disabilities, art. 32.

[71] Committee on Economic, Social and Cultural Rights, general comment No. 19, para. 55.

protection systems should be made available, accessible, adequate and affordable for persons with disabilities;

(c) Design disability benefits in a way that promotes the independence and social inclusion of persons with disabilities and does not limit their full and equal enjoyment of other human rights and fundamental freedoms;

(d) Ensure that eligibility criteria and targeting mechanisms do not discriminate directly or indirectly against persons with disabilities; disability determination, when established, must respect the rights and dignity of persons with disabilities;

(e) Guarantee that benefits and services offered by social protection programmes are relevant for persons with disabilities and consistent with the right to an adequate standard of living;

(f) Refrain from adopting any retrogressive austerity measures that directly or indirectly affect the right of persons with disabilities to social protection;

(g) Develop disability-related indicators, undertake research on social protection and collect data, disaggregated on the basis of disability and gender, to adequately assess the impact of social protection programmes on persons with disabilities;

(h) Establish formal consultative mechanisms to ensure the active involvement and participation of persons with disabilities and their representative organizations in decision-making processes related to social protection, including in relation to budget cuts;

(i) Encourage international cooperation to support inclusive social protection systems, facilitate cooperation to make mainstream social protection programmes inclusive of persons with disabilities, and develop and improve disability-specific programmes and services.

89. The Special Rapporteur also recommends that the United Nations system, including all its programmes, funds, specialized agencies and other organs, continue its efforts to promote social protection systems that are inclusive of persons with disabilities, and provide additional technical guidance to States in implementing inclusive social protection systems.